

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000013421

**Entity Name:** ROBINSON WOODS, LLC

**Current Principal Place of Business:**

4391 HIGHWAY 90  
PACE, FL 32571

**Current Mailing Address:**

4391 HIGHWAY 90  
PACE, FL 32571 US

**FEI Number:** 59-3229281

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BENNETT, JERRY P  
4391 HIGHWAY 90  
PACE, FL 32571 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name BENNETT, JERRY P  
Address 4391 HIGHWAY 90  
City-State-Zip: PACE FL 32571

Title MGRM  
Name LEE, DOYLE  
Address 5925 LUTHER FOWLER DRIVE  
City-State-Zip: PACE FL 32571

Title MGRM  
Name GOODEN, DARRELL  
Address 4400 BAYOU BLVD., STE. 40  
City-State-Zip: PENSACOLA FL 32503

Title MGRM  
Name BARRY, TOM  
Address 2 JULIA WAY  
City-State-Zip: GULF BREEZE FL 32571

Title MGRM  
Name LANDIS LEE, TAMARA  
Address 5015 RANDY KAY LANE  
City-State-Zip: MILTON FL 32570

Title MGRM  
Name LIVINGS, M.J.  
Address 3537 BARLEY ROAD  
City-State-Zip: PACE FL 32571

Title MANAGER  
Name LEFFEL, LINVER  
Address P.O. BOX 1261  
City-State-Zip: GULF BREEZE FL 32562

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BENNETT, JERRY P

**MANAGER**

**05/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date